MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(0688)

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Caroline
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Goldsboro
LENGTH OF STAY (in this place): 65 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Goldsboro
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Elwood (Last) Camper

4. DATE OF DEATH: (Month) 7 (Day) 20 (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/22/1886

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Goldsboro, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William H. Camper

14. MOTHER'S MAIDEN NAME: Rebeca Hutson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Sarah M. Camper Goldsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Hemorrhage & Hemiplegia — Interval Between Onset and Death: 1 da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 83a

(b) Cerebral Sclerosis & Senile Extremeplexus 15'

(c) & Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1951, to July 20, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 10 A. m. from the causes and on the date stated above.

SIGNATURE: Clark F. Saunders M.D. (Degree or title) ADDRESS: Greensboro Md. DATE SIGNED: July 21 1951

23. BURIAL, CREMATION/REMOVAL (Specify): Burial

DATE THEREOF: 7/23/51

NAME OF CEMETERY OR CREMATORY: Greensboro

LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG. 7/23/51

REGISTRAR'S SIGNATURE: A. Clark Smith

24. FUNERAL DIRECTOR: R. B. Rawlings

ADDRESS: Greensboro Md.

RECEIVED
AUG 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06890

CERTIFICATE OF DEATH

Reg. Dist. No. 60

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 T

1. PLACE OF DEATH: COUNTY: Caroline; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Henderson; LENGTH OF STAY (in this place): 24 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henderson; STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) John (Middle) T. (Last) Carter

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 51 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/16/1877

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Carter

14. MOTHER'S MAIDEN NAME: Jane Cohey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Elvia Carter Henderson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart Exhaustion & Hypostatic Congestion

83a (c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1951, to 7/21, 1951, that I last saw the deceased alive on 7/21, 1951, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): A G Silver M.D. ADDRESS: Goldsboro Md DATE SIGNED: 7/21-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 7/25/51; NAME OF CEMETERY OR CREMATORY: Greensboro; LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG. 7/23/51; REGISTRAR'S SIGNATURE: A Clark Smith; 24. FUNERAL DIRECTOR: R. B. Rawlings ADDRESS: Greensboro, Md.

180105

RECEIVED
AUG 3 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15 T

MARYLAND STATE DEPARTMENT OF HEALTH

06891

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Steiner Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JULIA (Middle) (Last) CARTER
4. DATE OF DEATH (Month) July (Day) 7 (Year) 1951

5. SEX 7
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 9, 1854
9. AGE last birthday 96 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Edward B. Carter
14. MOTHER'S MAIDEN NAME Elizabeth Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mrs. Mildred Tyson, Albany Ga.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Cerebrovascular

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

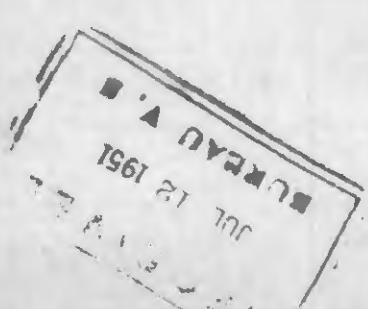
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1950 to July 7, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 1:30 A.m. from the causes and on the date stated above.

SIGNATURE Charles H. Poncefort M.D. (Degree or title) ADDRESS Greensboro Md DATE SIGNED July 9 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 10, 1951
NAME OF CEMETERY OR CREMATORY Silverbrook
LOCATION (City, town, or county) (State) Dover Delaware

DATE REC'D BY LOCAL REG. July 10-1951
REGISTRAR'S SIGNATURE L. Mae Lippin
24. FUNERAL DIRECTOR J. Virgil Mason, Denton, Md. ADDRESS


BUREAU V.
JUL 12 1951

MARYLAND STATE DEPARTMENT OF HEALTH

06892

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely; LENGTH OF STAY (in this place) 2 wks; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burrsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ENOS (Middle) (Last) CLEAVES

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb 14, 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Richard Cleaves

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Ura Wallace Hopkins, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Pneumonia Congestion	9 months
433.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cerebral Embolism	12 months
122a	(c)	II Strangulated Inguinal Hernia	2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1950, to 7-18, 1951, that I last saw the deceased alive on 7-18, 1951, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

SIGNATURE: Robert K. Wright (Degree or title) M.D. ADDRESS: Greensboro DATE SIGNED: 7-20-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 22, 1951; NAME OF CEMETERY OR CREMATORY: Wesley Church; LOCATION (City, town, or county) (State): Burrsville Md.

DATE REC'D BY LOCAL REG.: July 21-1951; REGISTRAR'S SIGNATURE: L. MacLaggin; 24. FUNERAL DIRECTOR: J. Virgil Moore & Son; ADDRESS: Denton, Md.

VS. A15

RECEIVED
JUL 26 1951
BUREAU M. S.

06893

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro
LENGTH OF STAY (in this place) 23 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Frank (Last) Cook
4. DATE OF DEATH (Month) 7 (Day) 4 (Year) 51 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1/5/1873
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Amous Cook
14. MOTHER'S MAIDEN NAME Lotta Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Franklin Cook Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage c̄ Hemiplegia

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease c̄

93d (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1951, to July 4, 1951, that I last saw the deceased alive on ....., 19...., and that death occurred at 12 A.m. from the causes and on the date stated above.

SIGNATURE Charles H. Greenfield (Degree or title) Md. ADDRESS Greensboro Md. DATE SIGNED July 5 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/6/51
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. July 5-1951
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marydell, Rural
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS x

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 276 John St

3. NAME OF DECEASED (Type or Print) (First) Lilian (Middle) (Last) Gray
4. DATE OF DEATH (Month) 7 (Day) /8/51 (Year) 19

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3/14/81
9. AGE last birthday 70 yrs. If under 1 year Months 3 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME Simmon Rash
14. MOTHER'S MAIDEN NAME Rebecca Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. William Henwon Marydell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Central Hemorrhage. C. Hemiplegia

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

61 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Death [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 8, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED July 9 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/10/51
NAME OF CEMETERY OR CREMATORY Templeville
LOCATION (City, town, or county) Templeville (State) Md.

DATE REC'D BY LOCAL REG. 7/10/51
REGISTRAR'S SIGNATURE A. Clark Smith
24. FUNERAL DIRECTOR Raymond B. Rawlings. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AD

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely R. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Grove

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1951

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: Oct. 31, 1887 — 9. AGE last birthday: 63 yrs. — If under 1 year: Months 7, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: Dairy Farm — 11. BIRTHPLACE (State or foreign country): Ridgely Md — 12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Thomas Grove — 14. MOTHER'S MAIDEN NAME: Anna Caslin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO.: ✓ — 17. INFORMANT AND ADDRESS: Mrs. Rosa Pritchett Ridgely Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the lung — Several months

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Varicose ulcer — 10 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OR OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1951, to July 12, 1951, that I last saw the deceased alive on July 9, 1951 and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE Kenneth Lecher (Degree or title) M.D. ADDRESS Queen Anne Md DATE SIGNED 7/13/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/15/51 — NAME OF CEMETERY OR CREMATORY Grove Burial Ground — LOCATION (City, town, or county) (State) Ridgely Md.

DATE REC'D BY LOCAL REG. July 14, 1951 — REGISTRAR'S SIGNATURE Mary E. Laird — 24. FUNERAL DIRECTOR Raymond B. Rawlings — ADDRESS Queenstown Md

VS. A18

RECEIVED
JUL 19 1951
1951
BUREAU V. S.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrington
STREET ADDRESS (If rural, give location) Mispillion St. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	B.	Hicks	7	19	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	Widowed	6-28-1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN, OF WHAT COUNTRY?
Laborer	Domestic	Delaware	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ignatius Hicks	Margaret Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	222-14-3161A	Mary Cannon — Route #1 Box 209 Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic myocarditis	
422.2 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
9-2 (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 1, 1951, to July 19 1951, that I last saw the deceased alive on July 19, 1951, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank M. Anderson M.D. ADDRESS Federalsburg, Md. DATE SIGNED 7-19-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-22-51	Williamsville Cemetery	Williamsville, Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 1, 1951	Everett Hastie Dep. Registrar	Harvey Williams	Federalsburg, Md.

RECEIVED
JUL [illegible] 1951
BUREAU V. S.

06897

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock - Rural; LENGTH OF STAY (in this place): 75 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Johns	STREET ADDRESS (If rural, give location): Near Johns

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Wesley	(Last) Johns	4. DATE OF DEATH	(Month) July (Day) 24 (Year) 1951
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: [illegible]	9. AGE last birthday: 81 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner	11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Aaron Johns	14. MOTHER'S MAIDEN NAME: Edna Truxon				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Wesley Johns, Hurlock, Md., R.F.D.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4200 Immediate cause	(a) [illegible]	[illegible]
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) [illegible]	10 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilat ral Lenti [illegible]

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19....., to 7/24/....., 19 51 that I last saw the deceased alive on 7/24/....., 19 51 and that death occurred at 11:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]		Preston [illegible]	7/[illegible]/51

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF: July 28, 1951	NAME OF CEMETERY OR CREMATORY: John's Cemetery	LOCATION (City, town, or county) (State): Near Preston, Maryland
DATE REC'D BY LOCAL REG.: 7/26/51	REGISTRAR'S SIGNATURE: Cornelia W. Plummer	24. FUNERAL DIRECTOR: J. J. Frampton and Son, Federalsburg, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro; MARYLAND; LENGTH OF STAY (in this place): 70 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro; STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Henery (Last) Knox

4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/24/1873

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Tennant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Knox

14. MOTHER'S MAIDEN NAME: Mary Pinder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ella Lituski Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

126 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1951, to July 1, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 2:45A. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Charles H. Crowder M.D. Greensboro Md. July 2/1951

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial | DATE THEREOF: 7/5/51 | NAME OF CEMETERY OR CREMATORY: Greensboro | LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG.: July 5-1951 | REGISTRAR'S SIGNATURE: L. MacPuppin | 24. FUNERAL DIRECTOR: R.B. Rawlings | ADDRESS: Greensboro Md.

RECEIVED
DEC 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 34

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural; LENGTH OF STAY (in this place) 1 hour	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smithville	STREET ADDRESS (If rural, give location) Reliance Road

3. NAME OF DECEASED (Type or Print)	(First) Carl	(Middle) Gordon	(Last) Lane	4. DATE OF DEATH	(Month) July (Day) 4 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 21, 1942	9. AGE last birthday 9 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (State or foreign country) Milford, Delaware	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME H. Gordon Lane	14. MOTHER'S MAIDEN NAME Melva George				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT H. Gordon Lane, Federalsburg, Maryland			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning

929.9 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Lawton C. George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md. DATE SIGNED 7/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 7, 1951 | NAME OF CEMETERY OR CREMATORY Hollywood Cemetery | LOCATION (City, town, or county) Harrington, Delaware (State)

DATE REC'D BY LOCAL REG. July 5, 1951 | REGISTRAR'S SIGNATURE J. J. Frampton | 24. FUNERAL DIRECTOR J. J. Framptom and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUL 9 1951
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) 1 yr. 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Academy Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN same
STREET ADDRESS (If rural, give location) same

3. NAME OF DECEASED (Type or Print) (First) Barbara (Middle) Lee (Last) Sayton
4. DATE OF DEATH (Month) July (Day) 4, (Year) 1951
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 7, 1949
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Easton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Francis Sayton
14. MOTHER'S MAIDEN NAME Ann Spicer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs Ann Sayton - Federalsburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart Desese

754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

157 e (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dawson C. George Lphty Medical Examiner - Denton Md 7/5/51

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF July 7, 1951
NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
LOCATION (City, town, or county) (State) Seaford, Del.

DATE REC'D BY LOCAL REG. July 6, '951
REGISTRAR'S SIGNATURE Everett Nuttle, Deputy
24. FUNERAL DIRECTOR J. Harvey Williamson - Federalsburg, Md. ADDRESS

RECEIVED
JUL 9 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henderson
LENGTH OF STAY (in this place) 50 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henderson
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Jane (Last) Thorp
4. DATE OF DEATH (Month) 7 (Day) 27 (Year) 51 19

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5/19/1897
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Templeville, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Russum
14. MOTHER'S MAIDEN NAME Maggie Glandon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Charles H. Thorp Henderson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Myocarditis.

(c) Hypertensive Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1951, to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 9 P. m. from the causes and on the date stated above.

SIGNATURE Charles H. Thorp (Degree or title) M.D. ADDRESS Greensboro Md. DATE SIGNED July 30 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/31/51
NAME OF CEMETERY OR CREMATORY Templeville
LOCATION (City, town, or county) Templeville, Md. (State)

DATE REC'D BY LOCAL REG. 7/31/51
REGISTRAR'S SIGNATURE A. Clark Smith
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible] please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.A15

RECEIVED
AUG 6 1951
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06902

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton - Rural
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Denton - Hillsboro Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton - Rural
STREET ADDRESS (If rural, give location) Near American Corner

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Lee (Last) Turner

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1951

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH July 26 / 1951

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jerry Turner

14. MOTHER'S MAIDEN NAME Lillian Seabron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0 (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Jerry Turner, Denton, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Suffocation — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heat Prostration

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hudson D. George Deputy Medical Examiner - Denton Md 8/1/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 1, 1951

NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery

LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REG 8/1/51

REGISTRAR'S SIGNATURE Mrs D. George

24. FUNERAL DIRECTOR ADDRESS J. J. Frampton and Son, Federalsburg, Md.

-27-[illegible]/37/5/40/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 6 19
FL REAU V. S.

06903

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md, COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro, Rural — LENGTH OF STAY (in this place) 17 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro, Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Martha	(Middle) Ellen	(Last) Wood	4. DATE OF DEATH	(Month) 7/6/51 (Day) (Year) 19
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 9/16/1873	9. AGE last birthday 78 yrs.	If under 1 year Months 9 Days 21 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) North Carolinia		12. CITIZEN OF WHAT COUNTRY? usa
13. FATHER'S NAME Burl Wood			14. MOTHER'S MAIDEN NAME Myra Bell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X	(If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT AND ADDRESS John Wood, Greensboro, Md,		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage & Hemiplegia — 3 da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

422.1 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 15, 1951, to July 6, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 11.30 A.m., from the causes and on the date stated above.

SIGNATURE Charles H Stone for M/R (Degree or title) ADDRESS Greensboro Md DATE SIGNED July 7, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 7/8/51	NAME OF CEMETERY OR CREMATORY Roaring River	LOCATION (City, town, or county) (State) Roaring River, N.C.
DATE REC'D BY LOCAL REG. July 7-1951	REGISTRAR'S SIGNATURE L. Mae Lippin	24. FUNERAL DIRECTOR Raymond B Rawlings	ADDRESS Greensboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06914

CERTIFICATE OF DEATH

Reg. Dist. No. 61

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline, Greensboro, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 2yr-3mo-26d
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverside Convl. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McDaniel
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Elizabeth (Last) Yewell

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-24-1856
9. AGE last birthday: 94 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Capt Albert Yewell, McDaniel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.1 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility Contrib

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949 to July 27, 1951, that I last saw the deceased alive on July 26, 1951, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clarke H. Swaffo M.D. Greensboro Md July 28, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 7/30/51 | NAME OF CEMETERY OR CREMATORY: Springhill Cemetery | LOCATION (City, town, or county): Easton (State): Md.

DATE REC'D BY LOCAL REG. July 28-1951 | REGISTRAR'S SIGNATURE L. Mae Pippen | 24. FUNERAL DIRECTOR: Neuwam & Harrison | ADDRESS: St Michaels Md

VS. A15

RECEIVED
AUG 3 1951
BUREAU V. S.